

August 15, 1986

E R R A T A

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: ALL-COUNTY LETTER NO. 86-71

This letter transmits replacement pages for Notice of Action Messages M44-133M (7/86), Discontinue Minor Parent 185% Non Grimesy; M44-133N (7/86), Suspend Minor Parent 185% Non Grimesy; and M44-133P, ZBG Minor Parent F.E. Non Grimesy. The M44-133M and M44-133N notices have been amended to include the 185% gross income computation. The M44-133P has been amended to delete the reference to the 185% limit.

We apologize for any inconvenience this may have caused you. If you have any questions, please contact Jim Mullany, AFDC and Food Stamp Policy Implementation Bureau, at (916) 324-2661.

Attachments

cc: CWDA

If you have questions or want more information about this action, please contact your worker.

Case Name
Case Number
Worker
Phone
Date

Your needs and income are shown on this notice.

M44-133P (7/86) ZBG -- Minor Parent -- F.E. -- Non-Grimesy

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments. Effective _____, the following action is being taken:

The county is stopping your cash aid.

Here's why:

You can't get cash aid if your family's monthly gross income is more than 185% of the need standard set by the state.

You are a parent living with your parent or legal guardian and are either under 18 or are 18, going to school and expecting to finish before age 19.

Since you are a minor parent, some of your parent's or legal guardian's income is counted to figure your cash aid. When we count part of their income, your total income goes over the limit.

We figured your parent's or legal guardian's income on the next page.

Your family's needs and income are shown on this notice.

SOURCE	INCOME	NEEDS	
1.	\$ _____	Basic Need Standard	\$ _____
2.	\$ _____	Special Needs	+ _____
3.	\$ _____	Total Needs	\$ _____
	TOTAL \$ _____		x 1.85
		185% of Needs	\$ _____

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) _____ 44-133.7 and 44-207.2

Medi-Cal: California Administrative Code Title 22, Section(s) _____

Child Support. The District Attorney can help you locate an absent parent, legally establish your child's paternity, and collect child support. To obtain these services, or to continue them if aid is discontinued, you must contact the District Attorney's office.

Family Planning Services. Information is available from the County Welfare Department on request.

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the effective date of the action. Read the back for important information about your right to appeal this action.

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments. Effective _____, the following action is being taken.

The county is stopping your cash aid for the month of _____.

Here's why

You can't get cash aid if your family's monthly gross income is more than 185% of the need standard set by the state.

You are a parent living with your parent or legal guardian and are either under 18 or are 18, going to school and expecting to finish before age 19

Since you are a minor parent, some of your parent's or legal guardian's income is counted to figure your cash aid. When we count part of their income, your total income goes over the limit.

You may get cash aid again if your gross income goes below the 185% limit. For us to know this, you must turn in a complete Monthly Eligibility Report (CA 7) during the month your aid is stopped.

We figured your parent's or legal guardian's income on the next page.

Your family's needs and income are shown on this notice.

SOURCE	INCOME	NEEDS	
1.	\$	Basic Need Standard	\$
2	\$	Special Needs	+
3	\$	Total Needs	\$
	TOTAL \$		x 1.85
		185% of Needs	\$

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) _____ 44-133.7 and 44-207.2

Medi-Cal: California Administrative Code Title 22, Section(s) _____

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